

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Charles Will's DBA/
CW TRANSIT

2011-492-T

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

245707

8-9-13 de

TRANSPORTATION COVER SHEET

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DOCKET

NUMBER: 2013-39-T

TRANS DEPT

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Address:

Charles Will's
4291 Granada Dr
Sumter SC
29154

Telephone:

Fax:

Other:

Email:

803-795-4806

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input checked="" type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

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PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Request for Cancellation of Certificate

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896-5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

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Please consider this a request to cancel my:

TRANS DEPT

- ☐ Class C Taxi Certificate
☐ Class C Charter Certificate
☐ Class C Charter Bus Certificate
☒ Non-Emergency Certificate
☐ Class E Household Goods Certificate
☐ Class E Hazardous Wastes Certificate

☐ Class A Restricted Certificate

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TRANS DEPT

My Certificate Number is _____

Charles Willis
(Name of Company)

DBA

CCW. TRANSIT
(If applicable)

4291 Granada Dr
(Street Address)

(Mailing Address if different from Street Address)

Sumter SC 29154
(City, State, Zip Code)

(City, State, Zip Code)

803-795-4806
(Telephone Number)

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Charles Willis
(Signature)

(Title) Owner, President, etc.